



DOG AND CAT DEALER SEMI-ANNUAL REPORT

FOR THE PERIOD BEGINNING _____ AND ENDING _____
DATE DATE

LICENSE NUMBER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS LOCATION: _____

BUSINESS MAILING ADDRESS: _____
CITY STATE ZIP

BUSINESS PHONE NUMBER: (_____) _____

INDICATE THE FOLLOWING NUMBERS:

	<u>DOGS</u>	<u>CATS</u>
CURRENTLY IN YOUR POSSESSION	_____	_____
PURCHASED DURING REPORTING PERIOD	_____	_____
SOLD DURING REPORTING PERIOD	_____	_____
ACQUIRED BY MEANS OTHER THAN PURCHASE	_____	_____

T.C.A. 44-17-108(2) REQUIRES A LISTING OF THE NAMES AND ADDRESSES OF THE PERSONS FROM WHOM YOU PURCHASED DOGS AND CATS, TO WHOM YOU SOLD DOGS AND CATS, AND FROM WHOM YOU ACQUIRED DOGS AND CATS BY MEANS OTHER THAN PURCHASE. ATTACH THE INFORMATION TO THIS REPORT SORTED BY EACH CATEGORY (PURCHASED, SOLD, OTHER).

PERSON SUBMITTING REPORT

DATE

PLEASE RETURN BY MAIL OR EMAIL TO:

Tennessee Department of Agriculture
P.O. Box 40627
Nashville, TN 37204
Or
Animal.Health@tn.gov